

From:

02/02/2009 16:02

#400 P.001/003

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**To:** Patent Electronic Business Center

**From:** Samantha House, Legal Assistant IP

**Fax:** 571-273-8300

**Pages:** 3, including this cover sheet

**Date:** February 2, 2009

**Re:** Power of Attorney and Statement under 37

CFR 3.73(b)

Serial No. 09/517,613

(020366-064200US)

Attached is a completed Power of Attorney form, SB 81, and Statement under 37 CFR 3.73(b), SB 96, for filing. Please call me at 303-383-6617 if you have any questions. Thank you for your help.

Samantha

FEB 02 2009

PTO/SB/81 (07-08)

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/517,613
	Filing Date	3/2/2000
	First Named Inventor	Thiru Srinivasan
	Title	System and Method for Automated Download of Multimedia Files
	Art Unit	2143
	Examiner Name	England, David E.
	Attorney Docket	020366-064200US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

83809

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

I further authorize any of the above-identified practitioners to execute a Statement Under 37 CFR 3.73(b) on my/our behalf to certify the chain of title and establish my/our ownership in the application identified above.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96 submitted herewith or filed on \_\_\_\_\_)

## SIGNATURE of Applicant or Assignee of Record

Signature	<i>Monybeth Kocalski</i>	Date	2/2/09
Name	Monybeth Kocalski	Telephone	303-383-6602
Title and Company	Senior Attorney, Qwest Communications International, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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PTO/SB/98 (01-09)

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